MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 275)

SERIAL NO.

10/ 5>983>
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

1		AS FILED			TER NDMENT	AFTER 2 ** AMENDMENT				AS F	ILED	AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
2 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
3 4 4 5 5 5 5 5 5 6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			-					ł				· · · · · · · · · · · · · · · · · · ·			
\$\frac{5}{5}\$ \$\frac{5}{6}\$ \$\frac{7}{7}\$ \$\frac{8}{8}\$ \$\frac{9}{9}\$ \$\frac{10}{10}\$ \$1				-/				1							
5 6 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9								1							
7 8 8 9 57 57 58 59 9 10 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1									55						
8 9 9 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7		 						[
9								ł		_					
10 60 61 62 63 64 64 64 64 65 66 66 66								ł						-	
112 61 62 63 64 65 65 66 67 67 67 67 67								1							
13									61						
14 64 65 66 67 18 68 69 70 70 70 70 70 70 70 7															
15 65 66 67 18 68 19 69 10 10 10 10 10 10 10 1					<u> </u>	<u> </u>									
16															
17	16							1							
18															
20									68						
21															
22															
23											-	T - 170	- 5 - 21		
24					1										
26									74						
27															
28															
29 30 31 31 32 33 34 34 35 36 37 38 38 39 39 40 41 41 41 41 41 41 41			-									No.			
30 80 81 32 33 82 33 34 34 35 36 37 38 39 39 39 39 39 39 39	29														
32								0)	80						
33 34 35 36 37 38 37 38 39 39 39 39 30 39 30 30															
34															
35 85 86 37 38 39 88 39 40 41 41 42 42 43 44 44 45 45 46 47 48 49 50 50 TOTAL IND. OTAL LAIMS 5 5 5 5 5 5 5 5 5	34			-											
36 86 87 38 39 40 89 90 41 41 42 92 43 44 44 45 45 46 47 48 49 50 70TAL IND. TOTAL IND. TOTAL LAIMS 5 5 5 5 5 5 5 5 5							$\overline{}$								
38								ĺ	86						
39 40 40 90 90 91 91 92 92 93 93 94 94 950 96 97 98 99 90 90 90 90 90 90 90 90 90 90 90 90]	. [
40 41 42 42 43 44 44 45 46 47 48 49 50 77 48 49 50 70TAL DEP. OTAL LAIMS 5 00 01 01 01 01 01 01 01 01	39					 		ŀ							
41 42 43 43 44 44 45 46 47 48 49 50 TOTAL DEP. OTAL LAIMS OTAL LAIMS 41 91 92 93 94 94 95 96 97 100 TOTAL IND. TOTAL IND. TOTAL LAIMS TOTAL CLAIMS								ŀ						i	
42 43 44 44 45 46 47 48 49 50 TOTAL IND. OTAL LAIMS OTAL LAIMS 42 93 94 94 95 96 97 98 99 100 TOTAL IND. TOTAL DEP. TOTAL CLAIMS TOTAL CLAIMS	41				f			ŀ			 [
44								Ì	92						
45 46 47 48 49 50 OTAL IND. OTAL DEP. OTAL LAIMS TOTAL CLAIMS TOTAL CLAIMS TOTAL CLAIMS															
46 47 96 97 48 97 98 99 100 TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL LAIMS 5 TOTAL CLAIMS								ļ.							
47 48 97 98 99 100 OTAL IND. OTAL DEP. OTAL DEP. OTAL LAIMS TOTAL CLAIMS								ŀ							
48 49 50 OTAL IND. OTAL DEP. OTAL LAIMS 5 TOTAL DEP. TOTAL CLAIMS TOTAL CLAIMS	47							ŀ			 				
49 50 OTAL IND. OTAL DEP. OTAL LAIMS 99 100 TOTAL IND. TOTAL DEP. TOTAL CLAIMS								t							
OTAL IND. OTAL DEP. OTAL LAIMS OTAL LAIMS		1		·				Ĺ	99						
IND. OTAL DEP. OTAL LAIMS TOTAL CLAIMS TOTAL CLAIMS	OTAL									-					
OTAL DEP. TOTAL LAIMS TOTAL CLAIMS			+	(#		1				#		1		1
LAIMS CLAIMS	OTAL DEP.	•	(=	4	+ [J	←	İ	TOTAL		←		<u> </u>		4
	OTAL LAIMS	3		5				I			32.52				